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JUL 16 2007

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29370 7590 05/03/2007

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07/17/2007 WABDELR3 00000042 10648078

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ROBERT A. PARSONS

(Depositor's name)



(Signature)

12 JULY 2007

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/648,078	08/26/2003	Terry L. Ray	4042-A4	3377

TITLE OF INVENTION: APPARATUS AND METHOD FOR PREVENTING FLUID TRANSFER BETWEEN AN OVIDUCT AND A UTERINE CAVITY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$0	\$700	08/03/2007
EXAMINER		ART UNIT				CLASS-SUBCLASS
ALI, SHUMAYA B		3771		128-830000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 PARSONS & GOLTRY

2 ROBERT A. PARSONS

3 MICHAEL W. GOLTRY

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

The following fee(s) are submitted:

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Authorized Signature 

Date 12 JULY 2007

Typed or printed name **ROBERT A. PARSONS**

Registration No. 32,713

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